



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

The Patent Application of

Theone LUK

Date: October 7, 2003

Serial No.: 10/623,440

Group Art Unit: ---

Filing Date: July 18, 2003

Examiner: —

For: BREAST CUP CONSTRUCTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF DECLARATION

Sir:

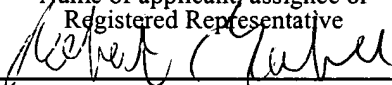
In the absence of a Notice to File Missing Parts of Application-Filing Date Granted enclosed herewith is an inventor's Declaration together with our check No. 12755 for \$130.00.

In the event the actual fee is greater than the payment submitted or is inadvertently not enclosed or if any additional fee during the prosecution of this application is not paid, the Patent Office is authorized to charge the underpayment to Deposit Account #15-0700.

If this communication is filed after the time period had elapsed and no separate Petition is enclosed, the Commissioner of Patents and Trademarks is petitioned, under 37 C.F.R. §1.136(a), to extend the time for filing a response by the number of months which will avoid abandonment under 37 C.F.R. §1.135. The fee under 37 C.F.R. § 1.17 should be charged to our Deposit Account No. 15-0700.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 7, 2003:

Robert C. Faber

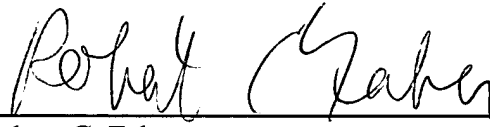
Name of applicant/assignee or
Registered Representative
Signature

October 7, 2003

Date of Signature

RCF:mjb

Respectfully submitted,



Robert C. Faber

Registration No.: 24,322

OSTROLENK, FABER, GERB & SOFFEN, LLP

1180 Avenue of the Americas

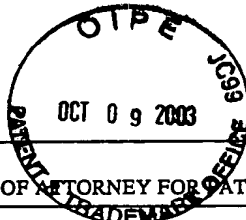
New York, New York 10036-8403

Telephone: (212) 382-0700

10/10/2003 GWORDOF1 00000071 10623440

01 FC:1051

130. 0P



| | | |
|--|-----------------------------------|---------------------------------------|
| UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION | | OFGS FILE NO. P/3987-44 |
| As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled: BREAST CUP CONSTRUCTION | | |
| the specification of which is attached hereto, unless the following box is checked: <input checked="" type="checkbox"/> was filed on <u>July 18, 2003</u> as United States patent Application Number or PCT International patent application number <u>10/623,440</u> and was amended on _____ (if any). | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, 1.56. I hereby claim priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign or Provisional Application(s) | | |
| COUNTRY | APPLICATION NUMBER | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
| | | YES _____ NO _____ |
| | | YES _____ NO _____ |
| | | YES _____ NO _____ |
| I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. | | |
| UNITED STATES APPLICATION NUMBER | DATE OF FILING (day, month, year) | STATUS (patented, pending, abandoned) |
| | | |
| | | |
| | | |
| I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence. SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN, LLP DIRECT TELEPHONE CALLS TO: (212) 382-0700 1180 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036-8403 CUSTOMER NO. 2352 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | |
| FULL NAME OF SOLE OR FIRST INVENTOR Theone Luk | INVENTOR'S SIGNATURE | DATE 15/9/03 |
| RESIDENCE (City and either State or Foreign Country) Kwai Chung, Hong Kong | COUNTRY OF CITIZENSHIP | |
| POST OFFICE ADDRESS Units 1007-1010, 10th Floor, Tower A, Regent Centre, 63 Wo Yi Hop Road, Kwai Chung, Hong Kong | | |
| FULL NAME OF SECOND JOINT INVENTOR (IF ANY) | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE (City and either State or Foreign Country) | COUNTRY OF CITIZENSHIP | |
| POST OFFICE ADDRESS | | |